

## Foster Family Home - Corrective Action Report

Provider ID: 1-511651

Home Name: Ruth Batangan, CNA

Review ID: 1-511651-8

94-731 Kuhaulua Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/31/2018

End Date: 5/31/18

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/31/18. Corrective Action Report issued during home visit with all items due to CTA by 6/30/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home


### Background Checks

[17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN not done until 5/21/18 for CG #5. Expired on 6/15/17.

  
Compliance Manager

  
Primary Care Giver

5/31/18  
Date

5/31/18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: RUTH BATANGAN  
CCFFH Address: 94-731 Kuhauka PL. Waipahu, HI 96797

| Rule Number | Corrective Action Taken  | Date Corrected | Prevention Strategy  |
|-------------|--|----------------|--|
| 7.1.(a)(2)  | I showed the APS/CAN to CTA on the day of certification<br>5/31/18 | 5/31/18        | Make a list of all expiration dates (APS/CAN) (CPR/PP/FA/TB). and place on my CTA Binder. I will review monthly. |

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: RUTH BATANGAN

Date of Signature: 5/31/18